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APPLICANTS

Richard A. Seibel, Pompton Lakes, NJ;

Christopher R. Wiener, Morris Plains, NJ;

U.A

** CONTINUING DATA *****

NONE

OA

** FOREIGN APPLICATIONS *****

NONE

OA

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 08/21/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NJ	SHEETS DRAWING 3	TOTAL CLAIMS 29	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>Olisa M. H. H. H.</i> Initials: <i>OK</i>				

ADDRESS

08791
 BLAKELY SOKOLOFF TAYLOR & ZAFMAN
 12400 WILSHIRE BOULEVARD
 SEVENTH FLOOR
 LOS ANGELES, CA
 90025-1030

TITLE

Network-attached interactive unified messaging device

FILING FEE RECEIVED 1250	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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